

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/830810

APPLICANT(S)

CLAIMS

N	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
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TOTAL IND.	9		1			
TOTAL DEP.	28		8			
TOTAL CLAIMS	33		9			

N	AS FILED		AFTER 1st AMENDMENT		IND.
	IND.	DEP.	IND.	DEP.	
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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					